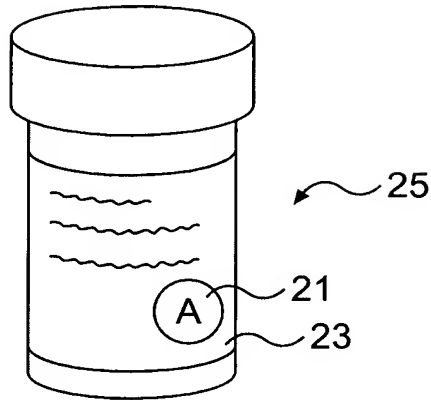


**FIG. 1**

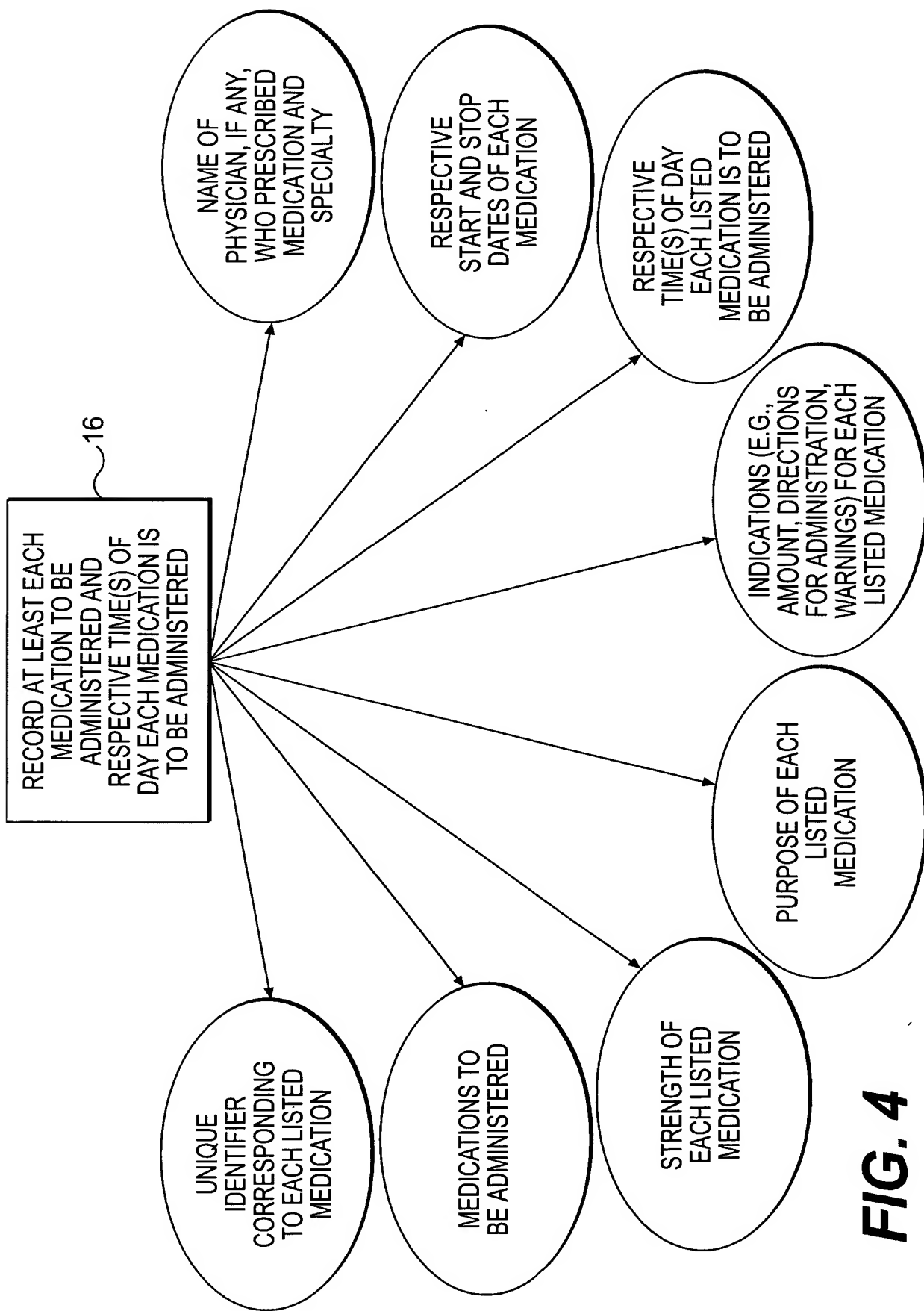


**FIG. 2**

MEDICATION	FREQUENCY				
	A.M.	NOON	P.M.	BED	AS NEEDED
MEDICATION 1	X		X		
MEDICATION 2					X
MEDICATION 3	X	X	X	X	
MEDICATION 4		X			

30      32      34      36      38      40      42

**FIG. 3**



**FIG. 4**

[illegible]

**FIG. 5**

Replacement Sheet

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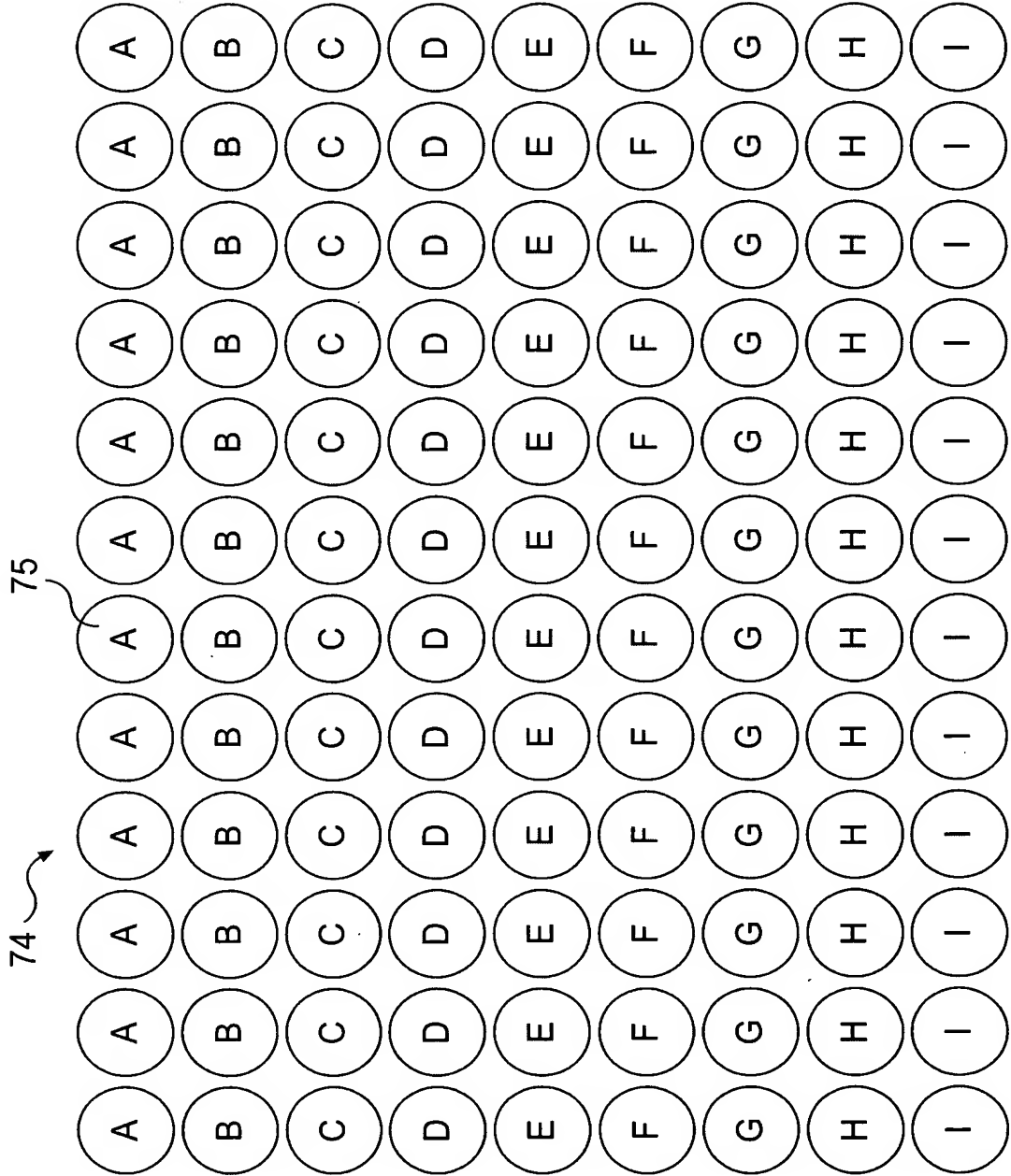
WEEK DAY:	WEEK			AS NEEDED	NOTES:
	AM	NOON	PM		
JULY	✓	✓	✓	✓	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

66 67 68 69 70 71 72

WEEK DAY:	WEEK			AS NEEDED	NOTES:
	AM	NOON	PM		
AUG.					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

FIG. 6

WEEK DAY:	WEEK			AS NEEDED	NOTES:
	AM	NOON	PM		
SEP.					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					



**FIG. 7(a)**

[illegible]

**FIG. 7(b)**

78

WEEK	AM	NOON	PM	BED	AS	NOTES:
JAN. DAY:						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

79

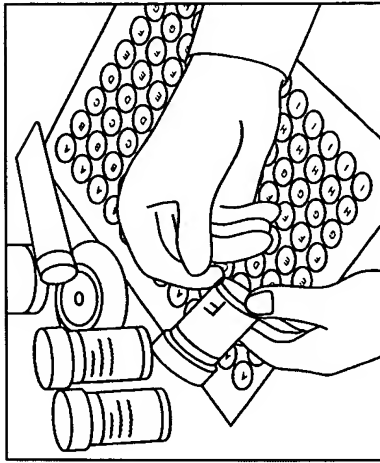
WEEK	AM	NOON	PM	BED	AS	NOTES:
FEB. DAY:						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
(LEAP YEAR)						

WEEK	AM	NOON	PM	BED	AS	NOTES:
MAR. DAY:						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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22						
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24						
25						
26						
27						
28						
29						
30						

FIG. 7(c)

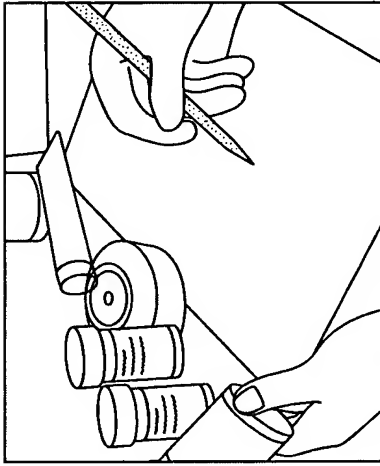


## INSTRUCTIONS



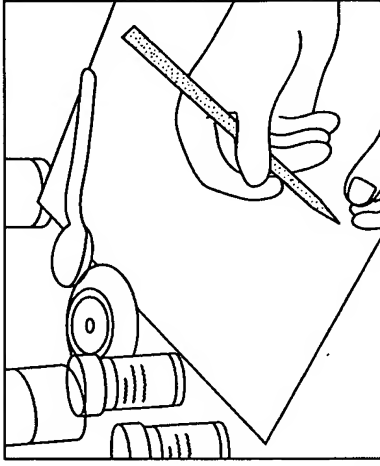
### 1. LABEL...

- GATHER ALL YOUR PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS. (INCLUDE HERBAL PRODUCTS, DIETARY SUPPLEMENTS, PAIN RELIEVERS, EYE DROPS, NOSE SPRAYS, COUGH SYRUPS, ETC.)
  - UNDER THE RED TAB BELOW, LOCATE THE A-Z LABELS. PLACE A DIFFERENT LETTER OF THE ALPHABET ON EACH MEDICATION CONTAINER.
- IF YOU REFILL A PRESCRIPTION, USE THE SAME LETTER OF THE ALPHABET ON THE NEW CONTAINER.



### 2. LIST...

- UNDER THE YELLOW TAB BELOW, LOCATE A BLANK MEDICATION CHART A SAMPLE MEDICATION CHART IS VISIBLE WHEN YOU LIFT THE TAB.
  - USING THE SAMPLE MEDICATION CHART AS YOUR GUIDE, BEGIN TO LIST YOUR MEDICATIONS. START WITH MEDICATION A, THEN B, ETC.
- REVIEW YOUR MEDICATION CHART WITH YOUR PHYSICIAN OR PHARMACIST ON EACH VISIT.



### 3. TAKE SAFELY.

#### EVERY TIME YOU TAKE YOUR MEDICATIONS:

- USING YOUR MEDICATION CHART AND YOUR A-Z LABELS AS GUIDES, REMOVE ONLY THOSE MEDICATIONS YOU NEED FOR THAT TIME OF DAY.
- READ THE DIRECTIONS AND WARNINGS ON YOUR CHART BEFORE YOU TAKE EACH MEDICATION.
- AFTER YOU TAKE EACH MEDICATION, PLACE THAT CONTAINER AWAY FROM THE OTHERS.
- UNDER THE BLUE TAB, LOCATE THE DAILY CHECKLIST FOR THE CURRENT MONTH. INDICATE UNDER THE CORRECT DAY AND TIME THAT YOUR MEDICATIONS WERE TAKEN.

**FIG. 7(d)**

81  
NAME \_\_\_\_\_

82  
HEALTHCARE CONTACTS

DR.	SPECIALTY	DR.	SPECIALTY	DR.	SPECIALTY
PHONE		PHONE		PHONE	
FAX	E-MAIL	FAX	E-MAIL	FAX	E-MAIL
ADDRESS		ADDRESS		ADDRESS	
DR.	SPECIALTY	DR.	SPECIALTY	DR.	SPECIALTY
PHONE		PHONE		PHONE	
FAX	E-MAIL	FAX	E-MAIL	FAX	E-MAIL
ADDRESS		ADDRESS		ADDRESS	
DR.	SPECIALTY	DR.	SPECIALTY	DR.	SPECIALTY
PHONE		PHONE		PHONE	
FAX	E-MAIL	FAX	E-MAIL	FAX	E-MAIL
ADDRESS		ADDRESS		ADDRESS	
DR.	SPECIALTY	DR.	SPECIALTY	DR.	SPECIALTY
PHONE		PHONE		PHONE	
FAX	E-MAIL	FAX	E-MAIL	FAX	E-MAIL
ADDRESS		ADDRESS		ADDRESS	
DR.	SPECIALTY	DR.	SPECIALTY	DR.	SPECIALTY
PHONE		PHONE		PHONE	
FAX	E-MAIL	FAX	E-MAIL	FAX	E-MAIL
ADDRESS		ADDRESS		ADDRESS	
DR.	SPECIALTY	DR.	SPECIALTY	DR.	SPECIALTY
PHONE		PHONE		PHONE	
FAX	E-MAIL	FAX	E-MAIL	FAX	E-MAIL
ADDRESS		ADDRESS		ADDRESS	
DR.	SPECIALTY	DR.	SPECIALTY	DR.	SPECIALTY
PHONE		PHONE		PHONE	
FAX	E-MAIL	FAX	E-MAIL	FAX	E-MAIL
ADDRESS		ADDRESS		ADDRESS	

FIG. 7(e)

**EMERGENCY CONTACTS**

84 83

NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

EMERGENCY #	911	HOSPITAL NAME	INSURANCE CO.
FIRE DEPARTMENT #		PHONE	POLICY #
POLICE DEPARTMENT #		FAX	I.D. #
AMBULANCE SERVICE #		ADDRESS	PHONE
NATIONAL POISON CENTER	1-800-222-1222		ADDRESS
EMERGENCY CONTACT		CLINIC NAME	INSURANCE CO.
RELATIONSHIP		PHONE	POLICY #
PHONE (H)	(W)	FAX	I.D. #
CELL PHONE		ADDRESS	PHONE
E-MAIL			ADDRESS
EMERGENCY CONTACT		ORGAN/DONOR TISSUE CARD:	MEDICAL CONDITIONS
RELATIONSHIP		WITNESS	PHONE
PHONE (H)	(W)	WITNESS	PHONE
CELL PHONE		DATE CARD WAS SIGNED	
E-MAIL		LOCATION OF CARD	
POWER OF ATTORNEY FOR HEALTHCARE:		LIVING WILL:	
NAME		ATTORNEY	
PHONE		PHONE	
DATE OF DOCUMENT		DATE OF WILL	
LOCATION OF DOCUMENT		LOCATION OF WILL	

ASTHMA \_\_\_\_\_

CANCER \_\_\_\_\_

DEPRESSION \_\_\_\_\_

DIABETES \_\_\_\_\_

EMPHYSEMA \_\_\_\_\_

HEART DISEASE \_\_\_\_\_

HYPERTENSION \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

FOOD: \_\_\_\_\_

OTHER: \_\_\_\_\_

INFECTIOUS DISEASE \_\_\_\_\_

KIDNEY DISEASE \_\_\_\_\_

LIVER DISEASE \_\_\_\_\_

**FIG. 7(f)**



# Replacement Sheet

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NAME JOHN DOE ALLERGIC TO PENICILLIN		DATE 1/16/04								
A-Z LETTER	MEDICATION / STRENGTH	PURPOSE	AMOUNT / DIRECTIONS / WARNINGS	TIME OF DAY			START DATE	STOP DATE	PHYSICIAN	
				AM	NOON	PM				BED NEED
A	HYDRALAZINE HCl 25 mg	HIGH BLOOD PRESSURE	1 TABLET TWICE A DAY	X		X		4/8/02		KLINE (CARDIOLOGIST)
B	WARFARIN 5 mg	BLOOD THINNER	1 TABLET ONCE A DAY (LIMIT VITAMIN K FOODS, SUCH AS KALE, SPINACH, BROCCOLI)	X				5/20/02		KLINE (CARDIOLOGIST)
C	TIMOLOL 0.25%	GLAUCOMA	1 DROP IN EACH EYE TWICE A DAY	X		X		12/10/03		CARTER (OPHTHALMOLOGIST)
D	HYDROCODONE GF	COUGH	1 TEASPOONFUL (5 ml) EVERY FOUR HOURS FOR FIVE DAYS	8AM	NOON	4PM	8PM	1/16/04		ANDERSON (INTERNIST)
E	PROMETHAZINE HCl 25 mg	NAUSEA AND VOMITING	1 IN RECTUM EVERY SIX HOURS AS NEEDED (KEEP IN REFRIGERATOR)					2/1/04		ANDERSON (INTERNIST)
F	CALCIUM 600 mg	BONE STRENGTH	1 TABLET THREE TIMES A DAY	X	X	X		2/14/04		
G	ST. JOHN'S WORT	MOOD	1 CAPSULE THREE TIMES A DAY	X		X	X	3/18/04		
H	ALBUTEROL	SHORTNESS OF BREATH	2 INHALATIONS EVERY FOUR TO SIX HOURS AS NEEDED (AVOID CAFFEINE)					4/24/04		ROBINSON (ALLERGIST)
I	ZOLPIDEM 10 mg	INSOMNIA	1 TABLET AT BEDTIME FOR SLEEP AS NEEDED (NO ALCOHOL)					5/20/04		MARTIN (PSYCHIATRIST)
J	CIPROFLOXACIN 500 mg	INFECTION	1 TABLET TWICE A DAY (ON AN EMPTY STOMACH)	X			X	5/25/04	5/31/04	SMITH (UROLOGIST)

FIG. 7(h)

# Replacement Sheet

JAN	PHYSICIAN	PURPOSE OF VISIT	FEB	PHYSICIAN	PURPOSE OF VISIT
MAR	PHYSICIAN	PURPOSE OF VISIT	APR	PHYSICIAN	PURPOSE OF VISIT
MAY	PHYSICIAN	PURPOSE OF VISIT	JUN	PHYSICIAN	PURPOSE OF VISIT

USE THIS CALENDAR SECTION TO KEEP TRACK OF ROUTINE CHECKUPS WITH YOUR INTERNIST, DENTIST, DERMATOLOGIST, OPHTHALMOLOGIST, ETC. NEXT YEAR USE IT AS A REMINDER TO SCHEDULE THESE ROUTINE APPOINTMENTS IN ADVANCE. ASK YOUR PHYSICIAN(S) TO RECOMMEND THE APPROPRIATE EXAMS, TESTS, AND VACCINATIONS FOR YOUR AGE AND CONDITION. BELOW IS A SUGGESTED SCREENING CHECKLIST.

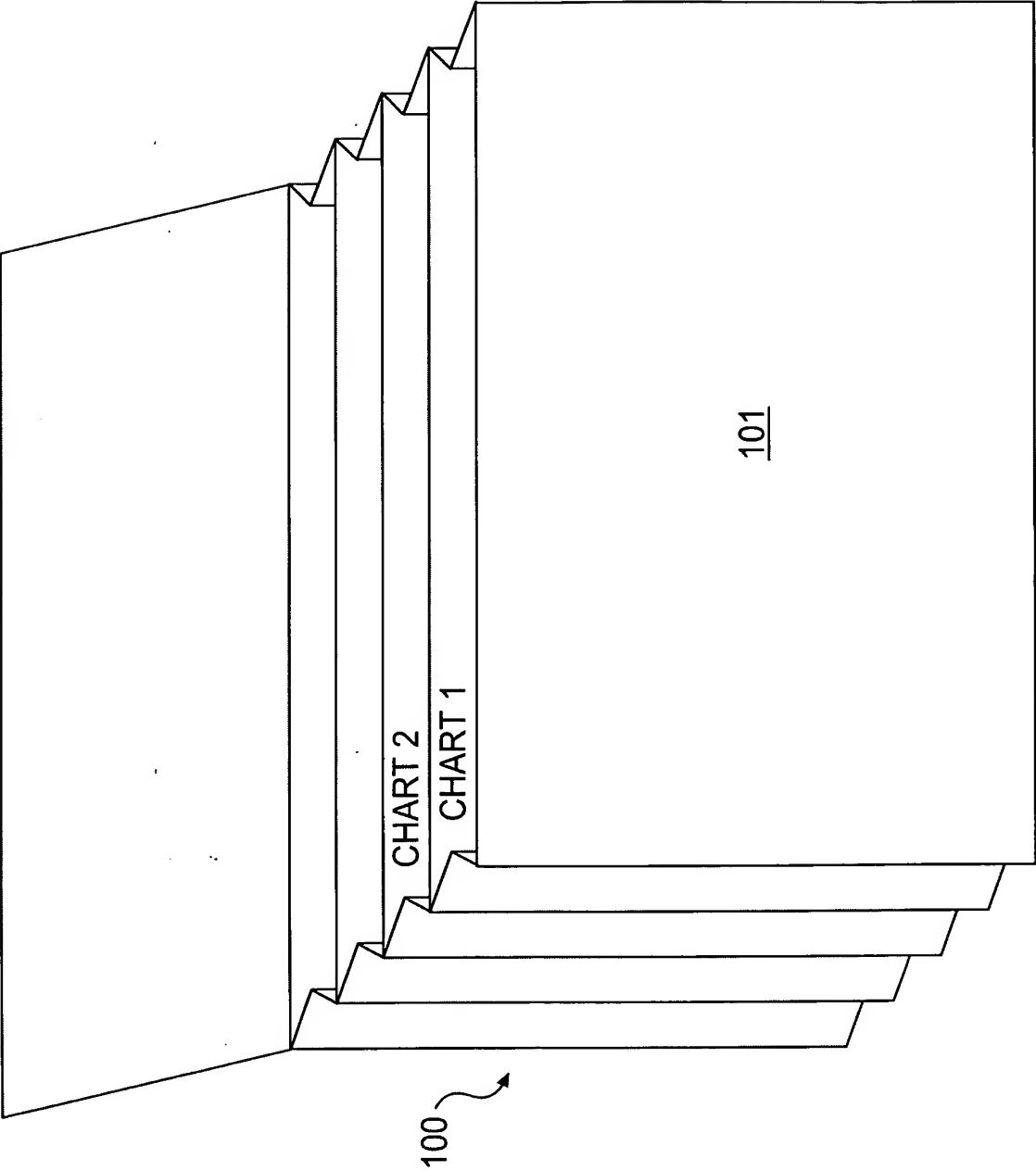
FEMALE/MALE	FEMALE
SKIN	BREAST
EYE/VISION	MAMMOGRAM
HEARING	PELVIC/CERVICAL
DENTAL	PAP
HEIGHT/WEIGHT	BONE DENSITY
BLOOD PRESSURE	_____
CHOLESTEROL	_____
BLOOD CHEMISTRY	_____
URINALYSIS	_____
COLORECTAL	_____
COLONOSCOPY	
ELECTROCARDIOGRAM	MALE
CHEST X-RAY	TESTICULAR
COMPLETE PHYSICAL	DIGITAL RECTAL
	PROSTATE (PLA)
VACCINATIONS	_____
INFLUENZA	_____
PNEUMOCOCCA	_____
TETANUS	_____
_____	_____
_____	_____

**FIG. 7(i)-1**

# Replacement Sheet

JULY	PHYSICIAN	PURPOSE OF VISIT	AUG	PHYSICIAN	PURPOSE OF VISIT	PHYSICIAN'S RECOMMENDED SCREENINGS FOR NEXT YEAR  _____ _____ _____ _____ _____
SEPT	PHYSICIAN	PURPOSE OF VISIT	OCT	PHYSICIAN	PURPOSE OF VISIT	NOTES
NOV	PHYSICIAN	PURPOSE OF VISIT	DEC	PHYSICIAN	PURPOSE OF VISIT	

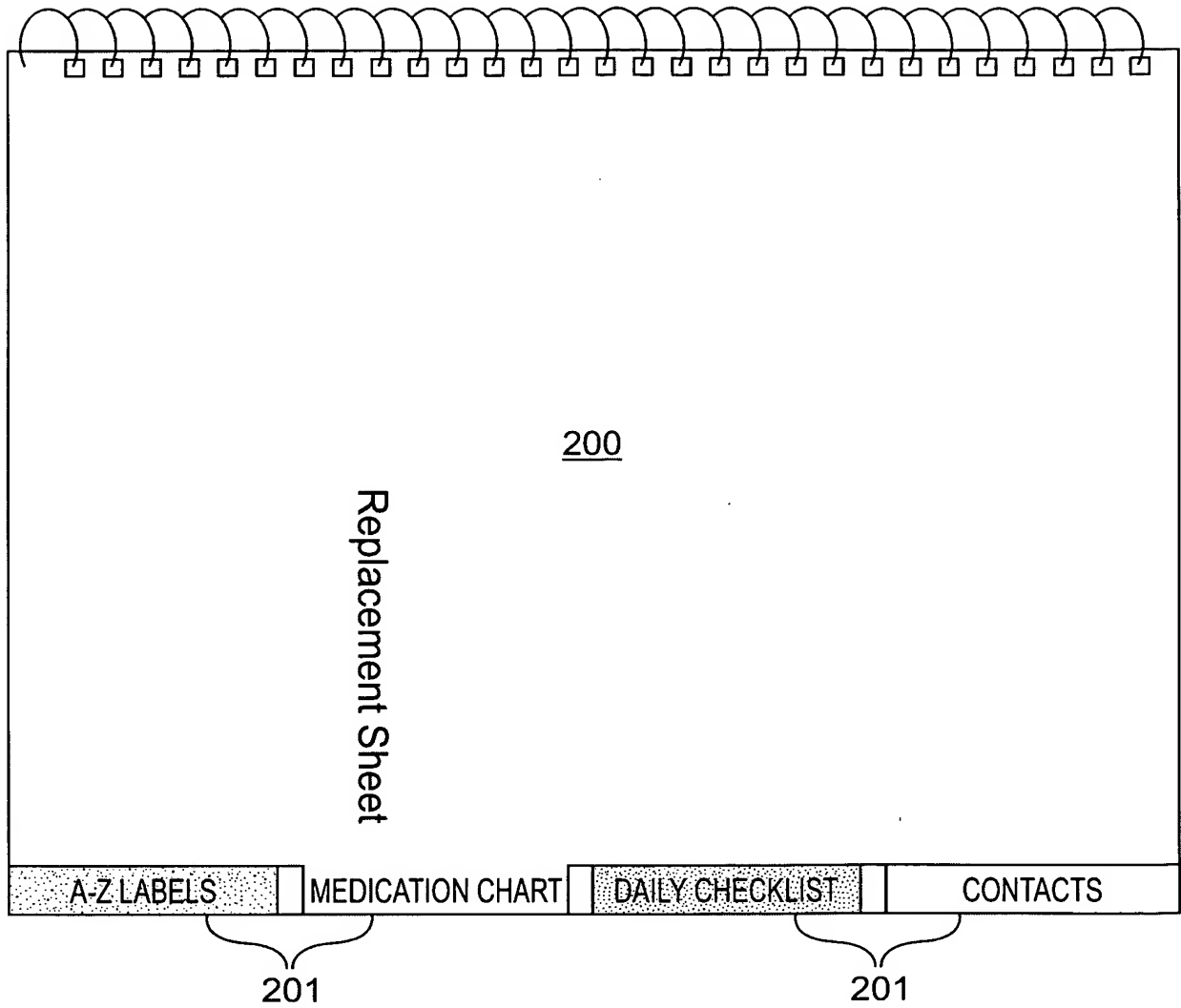
**FIG. 7(i)-2**



**FIG. 7(j)**



# Replacement Sheet



**FIG. 7(k)**